U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

bis-resort is mandatory under P.L. 86-257, as amended. Facture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

This resort is mandato	ryι
Sof Official Use Only	
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READ THE DISTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //324	2. Fiscal Year Covered From:		
, , , , , , , , , , , , , , , , , , , ,	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Jaime V Valdivia	Name U.A. Local 398		
	- Labor Organization File Number 039-835		
P.O. Box, Bidg., Room No., if any Suite 200	- P.O. Box, Building and Room Number, if any 200-C		
Street 501 Shatto Place	Street 4959 Palo Verde		
City Los Angeles	Cdy Montclair		
State California ZIP Code + 4 90020-1748	State California ZJP Code + 4 91763		
5. Position in labor organization. Recording Secratary			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	(D. Alloui.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed James On 3/5/00 800-457-7477			
	Diste Telephone Number		

Name of Person Filing Jaime Valdivia		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Apprentice & Journeyman Trianing Center	X a. Labor Organization b. Trust			
Trade Name, if any: Pipe Trades				
P.O. Box, Bidg., Room No., if any	c. Employer			
Street 18931 Laurel Park Road				
City Compton State California ZIP Code + 4 90220-6005	,			
State California ZIP Code + 4 90220-6005				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Labor Management Trust Fund			
Name	,			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar val	tue of such dealing. \$0		
City	12.a. Nature of interest he	biorincome received.		
State ZIP Code + 4	training provided	to various levels of apprentices.		
		AC 175		
	12.b, Amount.	\$6,175		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State